CONDUCT/PERFORMANCE CORRECTIVE ACTION

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| --- | --- |
| Employee Name | Date Corrective Action Issued |
| Department/Company | Job Title |
| Supervisor/Manager  | Type of corrective action: Conduct Performance |
| Type of corrective action for this infraction: Written Counseling Final Counseling Decision Day Suspension Separation |

For performance, mark what competency or competencies are not meeting expectations:

 Quality Reliability Value Resilient and Adaptable

 Initiative Knowledge Development Patient/Client Services

 Teamwork Communication Accountability Professionalism

 Other, list here\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Reason for Corrective Action.** Describe the specific performance problem or incident, express the impact and include dates where applicable:

 \_\_\_\_\_

* **Corrective Action Required.** Describe the action the employee must take for improvement:

\_\_\_\_\_\_ \_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Action that will be taken if improvement by employee does not occur immediately and/or within days:

 Final Counseling Decision Day Separation

**I have read and understand this corrective action. I understand that if my performance or conduct does not improve, I may receive further corrective action, including separation.**

|  |  |  |
| --- | --- | --- |
| WitnessSignature(Applicable if employee refuses to sign) | EmployeeSignature | SupervisorSignature |
| Date | Date | Date |

**This document will be made a part of your employee file.** The purpose of this document is to ensure that you understand that immediate and satisfactory improvement must be shown, or further action may be taken.

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